FACILITIES WORK ORDER REQUEST

INSTRUCTIONS: Complete sections 1 & 2 before routing to Facilities Manager.

SECTION 1 - COMPLETED BY REQUESTOR			
Today's Date	Your Name	Your Extension	Your Branch/Contract
29 March 2018	SHOFFNER, DAVID	919-541-0894 or Ex. 8 Personal Privacy (PP)	FMB
Room Number or Location of Work		Your Project Number	
Doc Storage/Maintenance Building			
Description of Work To Be Done (Be brief, use page back if needed)			
Remove sinks, drains, etc. from shop space and Superfund storage space.			
 2) Cap drain at the floor. 3) Place both sinks and all traps, piping, etc. in one location in the shop space for EDDP final processing and disposal. 			
Contact Dave Shoffner at 919-541-0894 (office) Ex. 6 Personal Privacy (PP)			
SECTION 2 - COMPLETED BY BRANCH CHIEF			
Branch Chief Approval		Materials Funded By	
FMB MORSCHING, JAY		POS	
Requested Completion Date		Before starting clear with	
No later than 20 APR 2018		FMB MORSCHING, JAY	
This request ☐ does take precedence over previous requests of above branch. X☐ does not		Notes	
SECTION 3 - COMPLETED BY FACILITIES MANAGER			
Work Order Number		Date	
Approved (Facility Manager)		Approved (Health & Safety or Environmental Compliance, if required)	
Work Assigned To	Date	Completion Date	Total Cost
O&M			
Project Labor Hours		Costs	Material Costs (Attach Materials List)
Notes:			